

Children's Delinquency Prevention

Children's Delinquency Prevention Committee

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Introduction

The Citizens Crime Commission (CCC) strives to be a responsible voice in addressing crime-related issues in Oregon. Our goal is to help the public safety system become more cost-effective and efficient. To this end, our membership formed the Children's Delinquency Prevention Committee (CDPC) to determine which interventions work best with children destined to enter the criminal justice system by the time they become adolescents. We focused on programs having the highest success rate measured against their costs.

The CDPC was specifically charged by the Crime Commission Board of Directors to:

- * Gather data and testimony;
- * Identify programs having a positive cost/benefit basis;
- * Recommend practical, cost-effective intervention strategies, including implementation plans; and
- * Advocate for our recommendations within the public and private sectors.

The committee welcomed the participation of Multnomah County Commissioners and staff, and solicited testimony from academic experts, representatives of the Oregon Commission on Children and Families, county departments and the Portland Public School District. Although input from local officials provided important insights, our research highlights programs in place throughout Oregon and the U.S. As a result, our recommendations are relevant, if not applicable, to every county and school district in Oregon.

The Citizens Crime Commission is most appreciative of the leadership of James B. Jeddeloh CPA, President, Perkins and Company P.C. and Fred A. Stickel, Publisher, Oregonian Publishing Company. Of special note, Professor Hill Walker, Ph.D. of the Institute on Violence and Destructive Behavior, based at the University of Oregon, provided a wealth of information and ensured our research was comprehensive. The assistance of Andrew Olshin, a consultant on loan from the Greenbrier Companies, was especially important to evaluating data and programs, and the writing of this report. Special thanks to the Jordan and Mina Schnitzer Foundation, Richard C. Alexander and the Portland Trailblazers whose funding made this report possible.

We are also grateful to the members of the committee for their many months of work and study to produce this report, and their extraordinary commitment to helping Oregon's most disadvantaged children develop full and productive lives.

Richard C. Alexander
Chair, Citizens Crime Commission

Safety

Family

Society

Success

Mission

The Committee and its Charge

THE COMMITTEE AND ITS CHARGE

The CCC advocates for programs and policies that are effective in reducing crime in our community.

Our membership formed the Children's Delinquency Prevention Committee to:

- * Gather Data and Testimony;
- * Identify programs that work on a cost benefit basis where possible;
- * Recommend cost-effective intervention strategies, including implementation plans where practical; and
- * Advocate for successful programs with the public and private sectors.

Our Mission

OUR MISSION

Identify and advocate for the most efficient and cost-effective programs and policies to prepare Oregon's at-risk children under age 10 to succeed in school and enjoy a productive life.

Goals

GOALS

Research and make recommendations that will help Oregonians:

- * Reduce the number of children destined to enter the Juvenile/Adult Correction Systems - thus reducing the cost of institutionalization and other related societal costs such as welfare dependence and costs of victimization.
- * Keep children in school - which helps reduce criminal behavior and optimizes long-term earning power.
- * Break familial cycles of anti-social behavior, delinquency and poverty.

Executive Summary

EXECUTIVE SUMMARY

The most effective and cost efficient way to reduce crime is to identify and intervene with high-risk children early in their lives. We now have research studies conducted over many years, that back up what many have always believed: the sooner at-risk children get intervention, help and services, the greater the chances of keeping them out of the criminal justice system later.¹

We also know that the costs of these intervention programs, while not insignificant, are far less than the cost of incarcerating offenders later. The cost of housing a juvenile offender in Oregon now exceeds \$48,000 a year. It costs \$23,500 a year for an adult offender.

Quite simply, it's a matter of pay some now, or pay much more later. If we are to get a handle on the problem of the growing criminal population, we must take steps now to cut off the flow of juveniles into the adult criminal system.

CHILDREN IN NEED

Our study shows that too many of Oregon's children are either not getting the services they need, or not getting them at the time necessary.

- * Only 38% of all eligible 3-4 year olds statewide are enrolled in Head Start preschool programs.
- * Fewer than 4% of eligible 0-3 year olds statewide are enrolled in Early Head Start.

RISK FACTORS

Long term research shows us that delinquency in youth can often be accurately predicted, when the risk factors in a child's life are known. The following risk factors place a child at significant risk for future delinquency:

- * Abuse, neglect and/or violence in the home
- * Factors related to family functioning, including chemical and mental health problems, developmental disabilities, divorce, death, and other family upheaval
- * Lack of supportive relationships or connections with adults and peers
- * Criminal or delinquent histories of parents or siblings
- * Open "child protective services" cases
- * Early, severe antisocial behavior
- * Age at first contact with the police or a documented incident of delinquency
- * Poor school attendance, school failure

The destructive influence these risk factors can have on a child is well illustrated by twelve-year old Ray DeFord who set the 1996 apartment fire that killed five children and three adults. As the facts of the incident emerged, we learned with horror and revulsion that this troubled child had committed a horrendous act that might have been avoided had the proper interventions taken place. He was destined to manifest violent behavior because of the risk factors in his life.

His parents had no parenting skills. His father was a drug abuser and convicted robber. His brutal methods of punishment included beating Ray over the head with a clipboard when he was one and one half years old; holding him up by his shirt to a hot light, plus shaking him and regularly shooting him in the legs with a BB gun. Additionally, he exposed Ray to pornographic movies, drank beer, and smoked marijuana with him.

Ray DeFord will probably be a ward of the state for most, if not all of his life. The eight people he killed will have no life at all. The societal and fiscal costs of his crime are enormous. Tragedies like this can be minimized or avoided all together if we make better choices on how we spend our dollars.

PRIORITY FOR DOLLARS

Our research highlights the increasing fiscal and societal costs of rising incarceration rates. The adult prison population is expected to increase by 59% by the year 2009, with an expected price tag of \$127,605,000 (in year 2000).

Historically, many strategies for reducing crime have not proven to be efficient or cost-effective.² Moreover, every extra dollar spent on public safety has meant one less dollar available for education and human services.

There can be no doubt: When we decrease funding for education and human services, it reduces our ability to provide training and resources

to prevent at-risk children and youth from becoming criminals.

Programs that Work

EXAMPLES OF PROGRAMS THAT WORK

The benefits of long-term research can point us in the right direction. For example, our study identified three programs designed for very young children that are both effective and cost efficient:

Nurse Home Visitation Program. This program has tremendous potential for relatively small costs. It consists of intensive and comprehensive home visitation by nurses during a woman's pregnancy plus the first two years after birth of the first child. While the primary mode of service delivery is home visitation, the program depends upon a variety of other health and human services in order to achieve its positive effects.

The Perry Preschool. This program combines high quality early-education for at risk preschoolers with home visits to encourage parents to become more involved in their children's education. Research showed that youngsters in the Perry Preschool had much better attitudes towards school, a higher rate of high school graduation, and far fewer incidents of criminal activity. This early intervention had significant impacts on the future success of the children.

The Regional Intervention Program. This program places an emphasis on adults (i.e. parents, caregivers), by teaching them how to cope with children who have severe behavioral problems. A 25-year study follow-up showed that of 31 families in this program only one child later became involved in the criminal justice system.

THE NEED FOR FOLLOW-THROUGH

Our research also demonstrated the importance of having a continuum of programs in keeping youngsters on the right path. When programs build upon each other and are integrated, at-risk families and children stand a much better chance of getting the correct services for their needs. They also stand a much better chance of staying on the right path and out of the criminal justice system.

A three-tier approach (primary, secondary and tertiary) to preventing problems is both most effective and cost efficient.

- * **Primary prevention** programs seek to prevent or avoid harm. They include such universal interventions as making sure all children attend pre-school to gain the skills to be ready for school.
- * **Secondary prevention** programs seek to reverse harm. These interventions are more expensive and time consuming because they are trying to undo damage from the risk factors in a child's life.
- * **Tertiary prevention** programs seek to reduce harm. These are the most intense, time consuming and expensive interventions and services that deal with severe damage to a child resulting from long term and multiple risk factors.

Studies clearly show that when less money is put into the primary, or universal prevention programs, secondary and tertiary costs to serve at-risk youth increase considerably as a child grows older. Conversely, when more money is put into primary preventive programs early in a child's life, the cost of programs and services decreases dramatically as a child becomes a teenager.

To be successful, an intervention continuum must be adequately funded, must establish benchmarks, and must be applied early in a child's home life and at school.

Our Committee found a number of promising programs and intervention strategies at the primary, secondary and tertiary prevention levels (see body of report). Each one could be tailored to fit specific community needs.

EXPECTED OUTCOMES

If an at-risk child is identified early enough, and if a continuum of programs are made available to the family, we can expect these results:

Pre-natal to age 4

- * Decreased "challenging" behavior
- * Improved relationships with adults and peers
- * Ability to make and keep friends
- * Better success when entering school

K to Grade 4

- * Better ability to empathize, resolve conflict
- * Improved school adjustment and performance
- * Reading at grade level by third grade
- * More success with peer group

Teach

Establish

Conduct

Provide

Ensure

Conclusions & Recommendations

CONCLUSION AND RECOMMENDATIONS

The axiom: "As the twig is bent, so grows the tree", illustrates that the influence during early childhood is critical for setting the patterns of behavior a child will demonstrate through adulthood.

We, too, have seen through this study that our greatest chance to reduce criminal activity in later years is through early intervention from the pre-natal to age ten period for Oregon's children. But unless we make a public policy decision to focus on intervention now, we will continue to see our juvenile delinquency rates rise, and the number of incarcerated youth continue to increase.

Oregon must re-examine its priorities and spending practices to combat delinquency. We recommend the following actions at all levels... county, city, state, and in school districts:

- * Provide access to services and support needed to address and offset risk factors to all at-risk children, and their families, as early as possible in their lives.
- * Establish a seamless, developmental continuum that follows and supports at-risk children through the preschool years, whenever possible.
- * Conduct an inventory of currently used programs and services to ensure they are based upon the best available research evidence and have been proven effective.
- * Ensure every child enters first grade ready to learn, physically healthy, and free of challenging behavior patterns that are disruptive to learning.
- * Teach all children essential school success skills and to read to the best of their ability by the end of grade 3.

Prevention of violence and delinquent behavior in children under 10 is a statewide responsibility - there should be no higher priority for Oregon.

The
Report

The Report

THE REPORT

The following report offers well-documented recommendations for reducing crime in our communities, while helping children become responsible, productive citizens. There are many programs offering interventions with high-risk children.

We recommend only programs our research indicates will have the greatest cost-benefit and likelihood of success. In addition, programs we are recommending are tailored to our list of desired outcomes for children under age 10:

DESIRED OUTCOMES

Community Outcomes for Children Under Age 10:

- * Fewer child abuse and neglect cases
- * Fewer students in preschool settings with challenging aggressive behavior
- * More children entering school "ready to learn"
- * Fewer court-mandated terminations of parental rights
- * Fewer elementary school expulsions and suspensions for behavioral "incidents"
- * Fewer required elementary school age referrals for specialized services
- * More children reading at or above grade level

Individual Outcomes for Children Under Age 10:

- * No delinquent or criminal behavior
- * A stable relationship with at least one caring adult
- * Capacity for a healthy regard for others
- * Development of pro-social values
- * Respect for authority
- * Social competence
- * Successful experience with extracurricular, recreational, spiritual and/or skill-building activities
- * Positive view of the future
- * School success

The Committee has adopted a set of parameters to guide a comprehensive approach to preventing delinquency in children under 10. They include the following:

- * A necessary objective of any plan or program for the prevention of delinquency in children under 10 must be to ensure that they live in a stable, secure and nurturing environment.
- * Infancy is a crucial developmental stage for any child. This is when an individual forms the core of conscience, develops the ability to trust and relate to others, develops social competence skills, and lays down the foundation for lifelong learning and thinking. The quality of the human environment is directly tied to one's ability to love; empathize with others; control, regulate and manage behavior and engage in complex thinking.³

A significant body of research identifies the following “risk factors” as predictive of delinquency.⁴

The presence of these “risk factors” places a child at increased risk of delinquency if they are in place over a substantial period of time.⁵

- * Abuse, neglect and/or violence in the home;
- * Factors related to family functioning, including chemical and mental health problems, divorce, death, and other family upheaval;
- * Lack of supportive relationships or connections with adults and peers;
- * Criminal or delinquent histories of parents or siblings;
- * Open “child protective services” cases;
- * Early, severe antisocial behavior;
- * Age at first contact with the police or a documented incident of delinquency; and
- * Poor school attendance, school failure.

* Longitudinal research directly links early exposure to the above “risk factors” in children under age 10, with later delinquent behavior. Many other at-risk children who are exposed to these same risk factors demonstrate the early signs of negative developmental outcomes.⁶

* Without intervention, many of these high-risk children enter the juvenile, and ultimately, the adult justice systems burdening society with significant costs. These expenses are significantly higher than the cost of implementing programs geared toward prevention and intervention.⁷

* In Oregon, it costs an average of \$48,500/year to incarcerate a juvenile,⁸ an average of \$23,500/year per adult inmate in state prisons, and an average of \$ 24,600/year per inmate for those serving less than a year in County jails⁹.

* The number of juveniles in custody is projected to increase by 29% (See table 1 on the following page). And it is going to get worse. By 2009, the number of adults in custody is expected to increase by 59%.

Table 1

PRISON POPULATION FORECAST FOR OREGON			
JUVENILES		ADULTS	
JULY 1999	1,116	JULY 1999	9,246
JULY 2009	1,442	JULY 2009	14,676

Increased cost of incarceration by 2009 in today's dollars is:
Juveniles — \$15,811,000*
Adults — \$127,605,000*

*Cost does not include inflation, victim costs, property costs, court costs or law enforcement costs.

Source: Oregon State Office of Economic Analysis

* Given current policies and practices, there is no reason to believe that we can head off the expected influx of young people into the criminal justice system. There are a significant number of children at-risk in the state who are not being served, and some will undoubtedly enter this system at some point in their lives.

* According to the American Community Survey, in 1997, 22% of all children under age 5 in Portland, Oregon were living at or below the federal poverty level. Moreover, 65,000 of Oregon's school-age children received specialized services last year; i.e. special education classes.¹⁰

There are solutions - proven intervention strategies that currently exist. With the investment of adequate resources, these strategies can effectively target and reduce child, family, and school-based risk factors contributing to antisocial behavior in the prenatal to grade four (age 10) range. These include, but are not limited to:

- * Intensive and sustained mentoring of children;
- * Supporting families;
- * Providing adequate health care;
- * Developing and implementing school and preschool-based approaches to addressing severely challenging forms of behavior;
- * Ensuring all children know how to read by the end of grade three; and
- * Improving academic and social competence.

Public agencies provide and fund services geared to intervening with delinquency problems of at-risk children and their families. However, many of these programs are ***crisis-oriented***, and come into play only after a child or family is already in trouble. Few resources focus on positive long-term outcomes for the well being of the children or their families. Even fewer focus on ***crime prevention***.

However, our study found two highly effective programs dealing with at-risk youth that are geared towards prevention. The Washington State Institute for Public Policy found these programs, designed for very young children and their parents, to offer a combined taxpayer and crime victim "benefit" of over \$1.50 for every dollar spent on them.

The study calculated the combined benefits a taxpayer is expected to receive in avoided “downstream” criminal justice costs when a program is effective in reducing crime. These costs are then compared to program costs to arrive at a benefit-to-cost ratio.

An overview of these programs follows:

Perry Preschool: This program was designed for preschoolers deemed at-risk for suppressed intellectual functioning and eventual school failure. Low-income three and four year olds were randomly assigned to preschool and control conditions. Those who attended preschool received high-quality, cognitively-oriented, early childhood education for one to two academic years.

In addition, teachers conducted frequent home visits to encourage parents to become more involved in their child’s education. Monthly small group meetings provided opportunities for parents to exchange views and to support one another’s changing perceptions of child rearing.

Longitudinal data on children up to age 19 showed a number of positive outcomes vs. the control group: better attitudes toward school, lower rates of grade retention and placement in special education, higher grades and standardized test scores, better high school graduation rates (67% vs. 49% for the control group), higher employment, lower use of welfare assistance, and fewer arrests - 31% of the preschool group had been arrested or charged at least once vs. 51% of the control group.¹¹

This study is significant for Oregon, because while many communities in our state have successful pre-school programs, they are seldom fully funded or implemented, leaving too many children un-served. For example, in Multnomah County:

* 38% of eligible 3 - 4 year olds, those living at or below the federal poverty level,¹² are enrolled in Headstart, a community-based preschool program funded through federal and other sources.¹³

* Less than 4% of eligible 0-3 year olds are enrolled in Early Head Start, a community-based childcare program funded through federal and other sources.¹⁴

The Nurse Home Visitation Program has tremendous potential for relatively small costs. This program consists of intensive and comprehensive home visitation by nurses during a woman's pregnancy plus the first two years after birth of the first child. While the primary mode of service delivery is home visitation, the program depends upon a variety of other health and human services in order to achieve its positive effects.

The cost of providing these services to families in Multnomah County for example, is approximately \$4,000 per family per year.¹⁵ Program costs in other jurisdictions will vary depending primarily on the salaries of local community-health nurses. But once again, an early investment in an at-risk family can head off literally hundreds of thousands in public expense later if a child should enter and continue in the criminal justice system.

The Washington State Institute study found the Nurse Home Visitation program to be highly effective in reducing incidents of child abuse and neglect, subsequent pregnancies, welfare dependence, and behavior problems due to substance abuse. However, the economic analysis done by the study only measures the benefits associated with the crime related effects of these programs. Thus, the estimates understate - to a degree - the total benefits taxpayers or society might be able to achieve with these programs.

In addition to the two, aforementioned programs, **The Regional Intervention Program** (RIP) is another very successful study. It involved a parent-implemented program to help parents cope with their children who have severe behavior problems. These children are typically rejected by their peers, suffer from family dysfunction and are more likely than others to drop out of school.

Parents participating in the program were taught to:

- * Carefully monitor their child's activities;
- * Ignore problem behavior and reward desired behaviors;
- * Help their child set self-management goals;
- * Work with other meaningful adults in the child's life to reinforce new styles of interaction;
- * Enlist support from family and their communities for the child and themselves;
- * Learn through repeated direct practice and feedback;
- * Participate by supporting new parents as they joined the program.

A longitudinal study of children and families participating in this program over a 25-year period found only one of the 31 participants had become involved with the criminal justice system. The participants also had much more positive outcomes than expected, given their risk profiles.¹⁶

Continuum

Secondary

Tertiary

Primary

Success

A Continuum of Programs

A CONTINUUM OF PROGRAMS IS NECESSARY FOR SUCCESS

In order to realize the greatest benefit from any intervention, there must be an integrated continuum of programs, so positive outcomes can build upon one another. Professionals working in public and mental health contexts are increasingly adopting the U.S. Public Health Service's model of primary, secondary and tertiary approaches to prevention. This integrated approach incorporates the following three approaches developed by the U.S. Public Health Service:

- * Primary prevention whose goal is to avoid or prevent harm.
- * Secondary prevention whose goal is to reverse harm.
- * Tertiary prevention whose goal is to reduce harm.

Primary prevention relies upon universal intervention approaches, such as mass immunization programs or fluoridation of a community's water supply to prevent dental cavities. Teaching all children school readiness skills would be another example of a universal intervention for achieving primary prevention outcomes (i.e. to avoid or prevent school failure).

In contrast, **secondary prevention** requires more intensive, costly and individualized intervention programs to reverse the harm caused by prior exposure to risk factors and adverse conditions (e.g. neglect, abuse and so forth).

Finally, **tertiary prevention** involves very intense and expensive intervention supports and services that generally require a case management approach and which involve a team of professionals. This type of prevention is designed to reduce harm and to buffer or offset exposure to long term, severe and multiple risk factors. At this level of severity, tertiary prevention strategies, as a general rule, can neither avoid nor reverse harm.

Examples of primary, secondary and tertiary intervention programs include:

*** Primary programs:**

- a) parenting education, substance abuse prevention, and “criminal justice” classes taught in middle and high schools;
- b) violence prevention skills taught as part of the regular K-9 school curriculum;
- c) community-wide campaigns to limit children’s exposure to media violence.

*** Secondary prevention/intervention approaches:**

- a) the First Step to Success early intervention program for at-risk kindergartners;
- b) teaching school readiness skills to children from poor, disadvantaged backgrounds;
- c) providing specialized assistance to K-3 children with reading difficulties.

*** Tertiary prevention programs:**

- a) comprehensive (“wraparound”) services for severely dysfunctional families;
- b) Relief Nurseries;⁷
- c) foster care placement for severely neglected/abused children and youth.

This integrated approach has the following advantages:

- * Allows for the coordination of differing intervention strategies to address varying levels of problem severity among at-risk populations;
- * Provides for the cost-effective allocation and use of intervention resources;
- * Screens those who need more intensive and costly intervention supports and services, and identifies those who do not;
- * Avoids the dichotomy between prevention, intervention, and sanctions-based approaches that so often divides policy makers and service delivery personnel.

Universal interventions (primary prevention) are used to “screen” the general population for at-risk children or families needing more intensive services and support. This relatively low-cost tool can help prevent initial problems from emerging. It can also be extremely important in evaluating how resources are allocated to more expensive, individualized secondary and tertiary interventions. School districts and health systems (including community health centers) are ideal settings for implementing “universal interventions”.

If coordinated together, these systems can be effective in selecting, integrating and delivering proven interventions for at-risk target populations. They can create a continuum in which more intensive interventions are reserved for the smaller population of at-risk children and families who do not respond to the universally implemented services and supports.

Programs Proven to Work

PROGRAMS PROVEN TO WORK

The Committee found a number of promising programs and intervention approaches. They are defined and coded “P” for primary prevention, “S” for secondary prevention and “T” for tertiary prevention. Although these programs/intervention concepts are generally applicable to most communities, each should be examined and tailored to fit specific community needs.

Pre-parenting Training in Schools (P)

These elective classes have most often focused on high school students and are typically credited in home economics. The best pre-parenting training approaches begin in grade school with decision-making and problem-solving skills. By preadolescence (fifth to sixth grade), children learn anger management and basic communication skills, including how to express angry or sad emotions constructively. The opportunity for older children to work with preschoolers in a “practicum” (e.g. day care setting) is an essential component of a strong program to prepare young people for the demands of parenting.

Comprehensive Pregnancy Prevention (P)

In contrast to programs primarily focused on contraception, comprehensive approaches to pregnancy prevention also address some of the underlying factors responsible for this risky teenage behavior. These programs include mental health counseling, substance abuse intervention, academic tutoring, college and trade preparation, and employment.

Comprehensive Prenatal Health Care (P)

These programs incorporate outreach and incentives to high-risk mothers to “engage” them. They also include maternal and fetal prenatal healthcare and nutrition information. Staff identify and intervene with domestic violence, mental health issues, lack of skills, “loss of hope”, etc. This approach integrates “preparation for parenthood” education and childbirth preparation. It also improves pregnancy and neo-natal outcomes and can be a bridge to other services for high-risk children and families.

Home Visitation for All Newborns (P)

In some communities, community health programs include in-home nurse visits to all high-risk pregnant women. Equipped with baby clothes, formula, lactation information and toys, these professionals help women stop or curtail smoking, drinking, and drug use. They assist with birth plans, teach childbirth preparation, and generally “mother the mothers.”

Following birth, nurses or trained para-professionals meet with mothers while still in the hospital, providing comfort and assistance to high-risk families. Feeding and sleep problems can be dealt with before negative patterns become entrenched. Unusual developmental signs can be detected and followed. Signs of substance abuse, domestic violence, or early emotional or physical abuse can be observed and early referrals and other interventions can be quickly accomplished.

The most successful of these programs provide home visits as frequently as once a week for an hour or more, or as often as the mother requests. This contact may continue through the child's fifth birthday or until a family needing continuing support services enters another "wraparound" program such as Head Start. Participation in these programs is voluntary and services are available to all parents - not just those "at risk." This can reduce any negative stigma for those at-risk families the programs are designed to identify and serve.

Emotional and Behavioral Development Education for First-Time Parents (P/S)

Programs emphasize topics ranging from the care of newborns to specific behavior management skills with "challenging" children (e.g., Attention Deficit/Hyperactivity Disorder (ADHD), hyperactive).

To teach coping skills and prevent future violence, programs focus on modeling positive emotional exchanges between parents and children which includes normal behavioral and emotional interactions, not just negative or extreme incidents. This helps first-time parents recognize problems early and understand how to access available resources.

Some states have created tax credits as incentives for parents to attend high quality-parent education classes during pregnancy or through the early years of child rearing. Examples of such programs include Birth To Three in Eugene and The Temperament Program based in LaGrande.

Day Care/Preschool Education (S)

Beginning shortly after birth, high-quality day care and subsequent preschool can be essential sources of nurturing for children in homes where parents are unable or unwilling to provide age-appropriate enrichment, structure, consistent love/nurturing and physical care.

Examples:

* **HEAD START** is a community-based, federally funded comprehensive childhood development program serving low-income families with children ages 3 to 5, by providing health, education, parent involvement and social services.

* **EARLY HEAD START** is also funded by the Head Start Bureau, and was created to expand on the existing Head Start program by providing services to low-income families with infants, toddlers and pregnant women.

Skill Training for Parents of High-Risk Preschoolers (S)

Several programs have been developed and successfully implemented that help parents identify early signs of aggressive and pre-delinquent behavior. These programs teach parents to provide structure, set rules and give rewards in a consistent manner both at school and at home. Examples include these Eugene-based programs:

First Steps, the Oregon Social Learning Center, Lane County Relief Nursery, as well as the Portland Relief Nursery.

Education for Professionals in Emotional and Behavioral Development (P)

Professionals who work with children (Pediatricians, Psychologists, Childcare Providers, etc.) need specific training in children's age-appropriate emotional and behavioral development to be able to effectively work with families to promote a healthy emotional foundation for learning, to identify atypical development, and to "refer" for additional services as needed.

"First Step to Success" Early Intervention Program (S/T)

This collaborative home and school intervention is designed to divert at-risk kindergartners from a path leading to antisocial behavior, social rejection, school failure, and delinquency. It has been extensively researched and validated as a "best practice".

"SMART" (S)

SMART (Start Making A Reader Today) is a book and reading program for children in kindergarten through second grade in low-income communities. Businesses, organizations and local residents provide the volunteers and funds necessary to operate the program. Students are given two books a month to take home and read with their families. The program costs \$219 per student per school year and has been proven to increase literacy skills.

"Friends of the Children" (S/T)

This program is a relationship-based mentoring intervention for at-risk children based on research into resilience, suggesting that children need positive role models and close relationships with adults. Interventions take place early with high-risk children and nurture their potential by providing consistent caring relationships.

The adult mentors, called Friends, are paid, full-time professionals who are gender-matched with up to eight children. Friends are special individuals who are exceptionally good with children. They focus on strengths, talents and the potential of each child, encouraging positive behavior.

Building a Continuum

BUILDING A CONTINUUM

To be successful and cost-effective an early intervention continuum must:

- * Address known risk factors and the precursors of delinquency;
- * Be applied early in a child's life and school career;
- * Be carefully coordinated and delivered effectively;
- * Be adequately funded; and
- * Establish benchmarks and outcomes.

Barriers to the adoption and effective implementation of such a continuum of services include:

- * Cost;
- * Initial resistance to change;
- * Lack of knowledge regarding best practices; and
- * Philosophical objections by potential users-adopters.

Several options are available when developing a community-wide continuum. They are not mutually exclusive.

- Option 1: Invest in proven, previously un-applied approaches.
- Option 2: Expand proven, existing programs with new resources and supports.
- Option 3: Improve coordination and integration of existing programs and services to maximize their success and cost-effectiveness.

In both the Pre-natal to Age 4 and K to Grade 4 age grade ranges, a seamless and integrated continuum of interventions should be considered for achieving primary, secondary and tertiary prevention goals and outcomes. Universal intervention approaches should be implemented to achieve widespread, primary prevention goals while targeted, individualized interventions, that are more expensive and labor intensive, should be used to produce secondary and tertiary prevention outcomes.

It is critically important that the risk factors contributing to later delinquency be directly addressed as early as possible in a child's life. Based on the research available to this committee, the following specific programs are recommended as examples of best practices for realizing this goal.

Addressing Non School Risk Factors: Continuum of intervention programs for the Pre-Natal to Age 4 Range:

<u>Developmental Level</u>	<u>Program</u>	<u>Prevention Goal Addressed</u>
a Pre-natal	Healthy Start	Primary Prevention
b Post-natal	In Home	Primary Prevention
c Nurse Visitation		
d Early Childhood	Early Head Start	Secondary
e Head Start		
f Early Childhood	Relief Nursery	Tertiary

Building School Success: Continuum of intervention programs for the K to Grade 4 Age/Range:

<u>Grade Level</u>	<u>Program</u>	<u>Prevention Goal Addressed</u>
a K- Grade 2	Oregon "Ready to Learn"	Primary/Secondary
b K- Grade 2	First Step to Success	Secondary
c Grades 1- 4	Study Skills for School Success	Primary/Secondary
d K- Grade 4	Second Step Violence Prevention Program	Primary
e Grades 1- 4	Effective Behavioral Support Program	Primary/Secondary
f Grades 1- 4	Intensive Reading Instruction For All Poor Readers Smart Program	Secondary/Tertiary
g Grades 1- 4	Friends of the Children	Secondary/Tertiary

The careful implementation of coordinated primary, secondary and tertiary prevention strategies and approaches, as described above, has the potential to prevent many of the social problems currently plaguing our children and youth as well as the ability to reverse or reduce the damage of risk factor(s) exposure. The potential for reducing delinquency through this approach is substantial and has been largely unrealized to date.

Figure 1 illustrates the relationship between costs and these three types of prevention approaches over the developmental age span of 0 to 18.

If problems are allowed to grow, without being addressed in the early stages of their development, they will require the application of more expensive secondary and tertiary interventions as they become more serious. The more universal intervention approaches can be used earlier on to catch and address problems in their initial stages, the greater the return that will be realized on the investment through achievement of primary prevention goals and outcomes.

Figure 1 clearly shows that more and more money is needed for more expensive forms of prevention programs as children and youth mature, if primary prevention strategies are not used early on in their preschool and school careers.

Anticipated Outcomes

ANTICIPATED OUTCOMES FROM IMPLEMENTING THE CONTINUUM

Outcomes achievable from investing in a continuum include:

Pre-natal to Age 4 Range

- * Decreased “challenging” behavior patterns
- * Improved relationships with adults
- * Ability to make and keep friends
- * “Ready to learn” upon entry to Kindergarten
- * Improved health status and up-to-date immunizations

K to Grade 4 Range

- * Demonstrate mastery of essential violence-prevention skills (empathy, conflict resolution, anger control/management, impulse control and other age-appropriate coping skills)
- * Improved school adjustment
- * Ability to read at grade level by end of Grade 3
- * Improved school performance
- * Improved peer group associations

Identify

Invest

Intervene

Change

Future

We Believe

WE BELIEVE

Everything the Committee studied led to one unavoidable conclusion:

***The sooner we identify and intervene in the lives of high-risk children (prenatal - 10),
the greater the likelihood their lives will be redirected
towards more positive outcomes, and avoid criminal activity in the future.***

Therefore, we firmly believe prevention of delinquent behavior by addressing risk factors in children under 10 is a statewide responsibility — ***there should be no higher priority for Oregon.***

But nothing can change until society is ready to call for a change. Therefore, we believe data illustrating a favorable societal cost-benefit⁸ should be made public. In this way, support for intervention strategies and delinquency prevention programs ***can attract and maintain public, private and foundation funding.***

Youth violence dominates our media, permeates our play, creates fears about personal safety, implodes our families, and claims a growing percentage of our young. ***We have under-invested in policies and practices designed to address and prevent the problems of at-risk youth. That must change.***

Family and community members, teachers, healthcare and social service providers, and juvenile justice workers all have important roles in intervening to prevent and address the root causes of delinquency. These “players” must coordinate more effectively to avoid baffling “consumers” and wasting resources.

Conclusion

CONCLUSION

This study demonstrates that many children destined to enter the criminal justice system can be identified at a very early age. Moreover, some of the major risks these children face occur during the pre-natal period and early infancy. After identifying key risk factors, the next step is to study the best interventions that will ameliorate these risk factors and divert children from a life of crime and, ultimately, from becoming wards of the state. The question for the committee was, which interventions work best under a cost/benefit and best practices analysis?

To this end, we drew heavily on the research of Dr. Peter Greenwood of the Rand Institute, Dr. Delbert Elliot of the University of Colorado Boulder's Center for the Study and Prevention of Violence, Dr. Hill Walker of the University of Oregon's Institute on Violence and Destructive Behavior and Steve Aos, an economist with the Washington State Institute for Public Policy. The CDPC recognizes there may be effective intervention programs that have not been fully evaluated; however, the programs we recommend are based on data and evidence of effectiveness available to us.

The Citizens Crime Commission has struggled for years with strategies and programs for reducing the crime rate in our communities. Our work to date has convinced us that effective interventions delivered to the pre-natal to age ten age group not only offer the greatest cost/benefit to our communities but have the greatest chance of saving high-risk children from inevitable entry into the more expensive criminal justice system.

Our study demonstrates we can reduce crime and spend public dollars more effectively with good public policy that focuses on interventions with children in the prenatal to age 10 range.

Call to Action

CALL TO ACTION

If we are serious about reducing crime, we must take action now. Our Committee urges the state of Oregon to re-examine its priorities and budget strategies in its efforts to combat delinquency.

The reduction of delinquency by identifying children at risk and implementing early intervention programs targeting those key risk factors is not only achievable, ***it is a policy whose time has come.***

While we cannot abandon any of our at-risk youth, greater investments must be made in the early diversion of young children from a path leading to delinquency and the inevitable and unfortunate outcomes associated with it. Legislation, policy and funding mechanisms are urgently needed to address this need.

At county, city and school district levels, the following collaborative actions are strongly recommended:

- * Provide access for all at risk children and their families to the services and supports needed to address and offset risk factors as early as possible in their lives.
- * Whenever possible, establish a seamless, developmental continuum that follows and supports at-risk children through the preschool years.
- * Conduct an inventory of currently used programs and services to ensure they are based upon the best available research evidence and are proven effective.
- * Ensure every child enters first grade ready to learn, physically healthy, and free of challenging behavior patterns that disrupt the educational process.
- * Teach all children essential school success skills and to read to the best of their ability by the end of grade 3.

If we are truly serious about preventing crime and, more importantly, in preventing juvenile delinquency that leads to more adults entering the criminal justice system, then our course is clear:

We cannot afford to ignore programs and policies proven to work in reducing juvenile delinquency.

The resources for these programs must be found.

We must no longer give "lip service" to making children a priority;

we must literally put our money where our mouth is.

Voices Behind the Statistics

THE VOICES BEHIND THE STATISTICS

Listen to what these Oregon State Penitentiary Inmates have to say about their early childhood, and you can see why our Committee is convinced that early intervention is critical to halting the flow of juveniles into the adult criminal justice system.

"My parents split up when I was two years old. I was taken away from my Mom because she wasn't a good parent and had abusive boyfriends. I landed in foster homes that weren't too much better. I was growing more angry and more secluded. I didn't have a lot of friends."

—OSP Inmate serving 9 to 15 years.

"I was really alienated as a child, because my Mom had a lot of problems. My Dad kept me and my younger brother in a separate house, so we didn't have a lot of family interaction, no role model. There's a lot of problems in our family. I felt alienated and this went on in school. I didn't have a lot of friends, I kept to myself. I was always by myself."

—OSP Inmate serving 9 years for arson.

"My mother - whatever problems was going on with her - to allow abuse to go on in front of me, me seeing (men) put their hands on my mother and hurting her. Her pain was my pain. I was sniffing gas real heavy when I was in 6th grade. Kind of an escape for me. By the 7th grade, I was an alcoholic."

—OSP Inmate serving life for murder.

Appendix A

APPENDIX A

This appendix contains the following information in sequential order:

1. Rough cost-benefit analyses of early intervention programs;
2. Contact information for Oregon-based programs proven to work;
3. Testimony and materials presented to the committee;
4. References and citations.

ROUGH COST BENEFIT ANALYSES

Taken from the work and presentation of Steve Aos, et al., *The Comparative Costs and Benefits of Programs to Reduce Crime, A Review of National Research with Implications for Washington State*, Washington State Institute for Public Policy, (1999).

Early Childhood Programs

Our study found three programs designed for very young children that have been evaluated for crime-related outcomes. All three produced desirable effects on developmental outcomes as well as crime-related outcomes. For example, the Nurse Home Visitation program produced a significant reduction in child abuse and neglect, subsequent pregnancies, welfare dependence, and behavior problems due to substance abuse, in addition to reduced criminal behavior by the mothers and their children. However, the economic analysis only measures the benefits associated with the crime related effects of these programs. Thus, the estimates in Table 1 understate - to a degree - the total benefits taxpayers or society might achieve with these programs (see body of report).

Perry Pre-school provided early childhood education to disadvantaged children to improve later school and life performances. The goal was to overcome school failure associated with childhood poverty by promoting the intellectual, social, and physical development of young children. By increasing academic success, the program sought to improve employment opportunities and wages, decrease crime, teenage pregnancy, and welfare use. The program was aimed at low socio-economic families with children ages three and four. Perry Pre-school was a two-year intervention operating 2.5 hours per day, five days per week, seven months per year, and included weekly home visitations by teachers. The school operated in the 1960's in Ypsilanti, Michigan. Its most recent evaluation reported on the life-outcomes of participants at age 27.

After reviewing the Perry Pre-school evaluation results, the institute found an ***effect size***¹⁹ of about 0.26 for basic crime outcomes. Taxpayers gain approximately \$9,237 in subsequent criminal justice costs for each program participant. In 1998 dollars, the program cost \$13,938 per child. Taxpayers receive \$0.66 in criminal justice system benefits for every dollar spent. Crime victims save an average of \$11,717 in costs for each program participant, for a combined taxpayer and crime victim benefits of \$150 for every dollar spent.

Syracuse Family Development Research Program (FDRP) was a five-year program in the early 1970's for low income, mostly single parent families, providing prenatal care, weekly home visits, parent training, child care, and nutrition. FDRP sought to bolster child and family functioning and interpersonal relationships. The intervention targeted African American, single-parent, low-income families to improve the children's cognitive and emotional functioning, foster children's positive outlooks, and decrease juvenile delinquency. The mothers were young (18 years on average), had little or no work history, and were in the last trimester of their first or second pregnancy.

Here, the institute found an effect size of about 0.54 for basic crime outcomes. Overall, taxpayers gain approximately \$8,613 in subsequent criminal justice costs for each program participant. In 1998 dollars, the program cost \$45,092 per child. Taxpayers receive \$0.19 in criminal justice system benefits for every dollar spent. Crime victims save an average of \$6,875 in costs for each program participant, for a combined taxpayer and crime victim benefit of \$0.34 for every dollar spent.

Nurse Home Visitation program delivers intensive, comprehensive home visitation by nurses during a woman's pregnancy and the first two years after birth. The goals are to promote the child's physical, cognitive, and social-emotional development, and to provide general support and instructive parenting skills to the parents. The program serves low-income, at-risk pregnant women bearing their first child, helping them plan future pregnancies, optimize educational achievement, and participate more fully in the work force. Typically, a nurse visitor is assigned to a family and works with them for the duration of the program. Treatment begins during pregnancy, with an average of eight one-hour visits, and continues postpartum with visits diminishing in frequency.

The evaluation found successful outcomes when the program assisted unmarried, low income, higher-risk women. Follow-up at 15 years postpartum showed significant positive effects on child abuse and neglect, subsequent pregnancies, welfare dependence, behavior problems due to substance abuse, and criminal behavior by the mothers and their children. The institute's cost-benefit analysis, calculated for this higher risk group, estimates the crime-related benefits from the program's effects on the nurse-visited mothers as well as their children. Overall, taxpayers gained approximately \$6,155 in subsequent criminal justice costs for each program participant. The program is estimated to cost \$7,403 (in 1998 dollars) per program participant. Taxpayers receive \$0.83 in criminal justice system benefits for every dollar spent. Crime victims save an average of \$5,215 in costs for each program participant, for a combined taxpayer and crime victim benefit of \$1.54 for every dollar spent.

Contact Information

CONTACT INFORMATION FOR OREGON PROGRAMS PROVEN TO WORK

Emotional and Behavioral Development Education for First-Time Parents (P/S)

Examples:

BIRTH TO THREE

Minalee Saks, Director
3875 Kinkaid, Room 15
Eugene, OR 97405
541-454-471 LaGrande, OR 97850
541-962-8835
www.bzukin@chdinc.org

THE TEMPERAMENT PROGRAM

Barbara Zukin, Director
Center for Humane Development
1100 K Avenue

Skill Training for Parents of High-Risk Preschoolers (S)

Examples:

FIRST STEPS

Hill Walker, Co-Director
Institute on Violence &
Destructive Behavior
College of Education
1265 University of Oregon
Eugene, Oregon, 97403
(541) 346-3591

LANE RELIEF NURSERY

Jean Phelps, Director
1720 W. 25th Street
Eugene, OR 97405
541-484-0702

OREGON SOCIAL LEARNING CENTER

Gerald Patterson, Director
207 E. Fifth Street, Suite 202
Eugene, OR 97401
(541-485-1136)

Testimony and Materials

TESTIMONY AND MATERIALS PRESENTED TO THE COMMITTEE

Steve Aos, Washington State Institute for Public Policy
110 East Fifth Avenue, Suite 214
PO Box 40999
Olympia, WA 98504-0999
Phone: 360-586-2677
Fax: 360-586-2793
E-Mail: saos@wsipp.wa.gov

** The Comparative Costs and Benefits of Programs to Reduce Crime, A Review of National Research with Implications for Washington State, describing the cost/benefit analysis and results from research conducted by the Washington State Institute for Public Policy.*

Betsy Cole, Assistant Director, Student Services
Portland Public Schools
531 SE 14th Ave.
Portland, OR 97214
Phone: 503-916-5840
Fax: 503-916-2727

** Portland Public Schools "Violence Prevention Procedures" and Resource Materials.*

Joanne Fuller, Deputy Director
Dept. of Juvenile & Adult Community Justice
1401 NE 68th
Portland, OR 97213
Phone: 503-306-5599
Fax: 503-248-3409

** Briefing Paper identifying programs in Multnomah County following best or promising practices in the areas of delinquency prevention and early intervention.*

Vern Hoffer, Mental Health Consultant
Portland Public Schools
531 SE 14th Ave.
Portland, OR 97214
Phone: 503-916-5840
Fax: 503-916-2727

** Inventory of Special Education and Mental Health program offerings for students enrolled in Portland Public Schools.*

Mickey Lansing, Deputy Director
Oregon Commission on Children & Families
530 Center Street NE, Suite 405
Salem, OR 97301
Phone: 503-373-1283
Fax: 503-378-8395

(See materials from Donna Middleton)

Mary Li, Multnomah County Department of Community and Family Services
421 SW Sixth Avenue
Portland, OR 97204
503-248-3999 ext. 26787
FAX 503-248-3332

** "Children's Readiness to Learn, Strategies for Improvement", from the Portland Multnomah Progress Board.*

** Article: "Building Results: From Wellness Goals to positive outcomes for Oregon's Children, Youth and Families", prepared for the Oregon Commission on Children and Families for the Family Study Center, Oregon State University.*

** Document describing Multnomah County's selected continuum of supports for young children and families, and a detailed description of programs.*

Donna Middleton, Executive Director
Oregon Commission on Children & Families
530 Center Street NE, Suite 405
Salem, OR 97301
Phone: 503-373-1283
Fax: 503-378-8395
E-mail: donna_middleton@class.oregonvos.net

- * Information about recent brain research.
- * Newsletter: "The Links Between Children, Families and Communities", a publication of the Oregon Commission on Children and Families.
- * Overview: "Oregon's Child Everyone's Business" a nationally recognized public engagement campaign promoting the healthy development of young children.
- * Some examples of hand-outs distributed to prospective mothers.

Lisa Naito, Multnomah County Commissioner
1120 SW Fifth Ave., #1500
Portland, OR 97204-1914
Phone: 248-5217
FAX: 248-5262

- * Draft Document: "Coming Together for Children: An inventory of resources and needs for young children and families provided or funded by Multnomah County" compiled by the Early Childhood Planning Group of Multnomah County.

Jeanne Pace, Principal, Head Start
Portland Public Schools
531 SE 14th Ave.
Portland, OR 97214
Phone: 503-916-5840
Fax: 503-916-2727

- * Brochure describing Portland Public Schools Head Start Program
- * Article describing the efficacy of Head Start in curbing youth crime and violence.

Marilyn Richen, Coordinator, Violence Prevention Program
Portland Public Schools
531 SE 14th Ave.
Portland, OR 97214
Phone: 503-916-5840
Fax: 503-916-2727

* Brochure describing drug and violence prevention services offered by Portland Public Schools

* Brochure detailing the Elementary School Guidance and Counseling Program and the Primary Prevention Activities for Elementary School Children.

Professor Hill Walker, Co-Director, Institute on Violence and Destructive Behavior
College of Education
1265 University of Oregon
Eugene, OR 97403-1265
hwalker@oregon.uoregon.edu
541-346-3592 (Phone)
541-346-2594

- * Folder describing the mission and work of the Institute on Violence & Destructive Behavior
- * Brochure describing "First Steps" Program developed by Professor Walker
- * Brochure describing an "Early Screening Project" developed by Professor Walker and his colleagues
- * Article by Professor Walker and Jeffrey R. Sprague describing a "Comprehensive School Based Intervention"
- * Memo to Ray Mathis containing Professor Walker's assessment of the CDPC Charge and Work Plan
- * Article: "Early Childhood Intervention" by Edward Zigler, Cara Taussig and Kathryn Black of Yale University.
- * Brochure describing "Second Step Violence Prevention Curriculum" developed by the Committee for Children.
- * Article: "Early Identification and Intervention for Antisocial and Violent Youth" by Jeffrey Sprague and Hill Walker
- * Article: "Early Birds" describing the First Steps Program
- * Memorandum from Hill Walker to School Superintendent George Russell re: Walker's comments on school board retreat.
- * Article: "Early Social Skills Training Helps Students Succeed" from the Register Guard, March 4, 1999.
- * Copy of Hill Walker's Testimony for Senate Bill 555 on May 4, 1999
- * Copy of Hill Walker and Janet Eaton's Testimony for the Oregon Senate Education Committee on May 26, 1999
- * US Department of Education protocol entitled "Early Warning, Timely Response, a Guide to Safe Schools".
- * Article: "First Steps to Success" detailing program, including case studies.
- * "First Steps to Success" Fact Sheet
- * "Recommended Approach" prepared by Hill Walker for the CDPC to help in organization of White Paper.

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FOOTNOTES

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- 3 Ghosts from the Nursery, p.12
- 4 Loeber, R., & Farrington, D.P. (Eds.). (1998). Serious and violent juvenile offenders: Risk factors and successful interventions. Thousand Oaks, CA: SAGE Publications.
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- 7 Aos, Steve et al., The Comparative Costs and Benefits of Programs to Reduce Crime, (1999).
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- 9 Oregon Department of Corrections Quick Facts Publications for 2000.
- 10 Ritter, John, Office of Special Education, Oregon Department of Education.
- 11 Zigler, E.; Taussig, C. & Black, K. Early Childhood Intervention: A Promising Preventative for Juvenile Delinquency, American Psychologist (August 1992), p 1000.
- 12 For a family of 4, the federal poverty level is \$16,700 per year.
- 13 Oregon State Department of Education.
- 14 Federal Region 10 Office.
- 15 Multnomah County Department of Community and Family Services, Welcome Baby Program: Home Visits for All New Births.
- 16 Strain, Phillip, Regional Intervention Program, Nashville, Tennessee.
- 17 Relief Nurseries provide community-based child abuse prevention services to support children and families. Ex. Lane Relief Nursery, Jean Phelps, Director, 1720 W. 25th Street, Eugene, OR 97405.
- 18 Aos, Steve et al., The Comparative Costs and Benefits of Programs to Reduce Crime, A Review of National Research with Implications for Washington State, Washington State Institute for Public Policy, (1999). Societal cost-benefit can be measured as the combined benefits a taxpayer is expected to receive in avoided downstream criminal justice costs and benefits to crime victims when a program reduces crime. These costs are then compared to program costs to arrive at a benefit-to-cost ratio. However, this economic analysis only measures the benefits associated with the crime related effects of these programs. Thus, the estimates understate - to a degree - the total benefits taxpayers or society might be able to achieve with these programs.
- 19 The measure of the impact of treatment by comparing a control group to a treatment group.